

Soldiers' Home in Holyoke Memorial Gift Form

Date: _____

In Memory of: _____

Name of Next of Kin: _____

Relationship: _____ Address: _____

State: _____ Zip: _____

Enclosed is my check or money order

\$ _____

Donation From:

Name: _____

Address: _____

City/Town _____

State: _____ Zip: _____

Please make your check payable to:

Soldiers' Home in Holyoke

Remit check to:

**Treasurer's Office
Soldiers' Home in Holyoke
110 Cherry Street
Holyoke, MA 01040**